

1) Please describe your pertinent clinical/technical experience gained outside of the classroom (205 word limit)

2) Why are you interested in pursuing this clinical internship (300 word limit)?

3) During our internship you may have the opportunity to gain greater experience in the following areas. Please rank these in order of preference:

- _____ Outpatient Clinic Setting
- _____ Inpatient Clinic Setting
- _____ Pediatrics
- _____ Adults
- _____ Spinal Orthotics
- _____ Craniofacial Orthotics
- _____ Lower Limb Orthotics
- _____ Lower Limb Prosthetics
- _____ Fabrication

4) List 3 specific goals for this internship:

1.

2.

3.

Please attach your resume.

Emergency Contact

Name _____ Phone _____

Relationship _____

Are you age 18 or older? Yes No

Please read the following carefully and sign if you agree:

1. I understand that misrepresentation or omission of information in connection with my application, resume, and/or interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.
2. I understand that the information on this Application has been requested for the purpose of evaluating my qualifications for an unpaid internship and that this document, or any item discussed regarding any internship, does not constitute a contract or promise that I will be offered an internship.
3. I affirm that the information provided in my application, resume, and interview is true and correct to the best of my knowledge.

Applicant’s signature

Date

Gillette Children's Specialty Healthcare OPS Department is not obligated to provide placement, nor are you obligated to accept the internship position offered.

All Internships are unpaid, and you are not considered an employee of Gillette.

*****A contract between Gillette Children's Specialty Healthcare and your education institution must be in place prior to placement.**

Submit this application to:
orthoprostclinical@gillettechildrens.com